

L110000 85645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

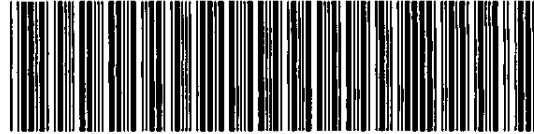
(Business Entity Name)

(Document Number)

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2016 JUL 11 P 4:33  
TALLAHASSEE, FLORIDA

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JUL 11 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SUPREME INTERNATIONAL SERVICES, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEAN ANTOINE FAVEUR

Name of Person

SUPREME INTERNATIONAL SERVICES, LLC

Firm/Company

850 NW 199 STREET

Address

MIAMI, FL 33169

City/State and Zip Code

JEANFAVEUR@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEANANTOINE FAVEUR

Name of Person

305  
at ( )  
Area Code

439-6064  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                                   |                                                                                                  |                                                                                                                            |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2013 JUL 11 P 4:33  
FILED  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SUPREME INTERNATIONAL SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JULY 22ND, 2011 and assigned  
Florida document number L11000085645.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = . Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>      | <u>Address</u>     | <u>Type of Action</u>                      |
|--------------|------------------|--------------------|--------------------------------------------|
| AMBR         | SONNETTE ST JOUR | 850 NW 199 STREET, | <input type="checkbox"/> Add               |
|              |                  | MIAMI, FL 33169    | <input checked="" type="checkbox"/> Remove |
|              |                  |                    | <input type="checkbox"/> Change            |
|              |                  |                    | <input type="checkbox"/> Add               |
|              |                  |                    | <input type="checkbox"/> Remove            |
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|              |                  |                    | <input checked="" type="checkbox"/> Change |
|              |                  |                    | <input type="checkbox"/> Add               |
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|              |                  |                    | <input type="checkbox"/> Remove            |
|              |                  |                    | <input type="checkbox"/> Change            |

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Dated JULY 1ST, 2016

  
Signature of a member or authorized representative of a member

Typed or printed name of signee